

Foster Family Home - Corrective Action Report

Provider ID: 1-130044

Home Name: Shiela Marie Calantoc, NA

Review ID: 1-130044-14

99-1164 Halawa Heights
Road

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 2/9/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

The issue of an leaving clients in the CCFFH with an unapproved caregiver will be addressed under separate cover. Please continue to address your Corrective Action Report and submit by the due date specified on your CAR.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) confidentiality policies and procedures and client privacy rights have not been signed by any HHM and CG's

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Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(4)	Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.	
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.	

Comment:

41(a)(4), 41(e), 41(h) When CTA arrived, there was an unapproved SCG present. No approved caregivers were present until CG#1 arrived to the home approximately 45 minutes later.

41.(h) CG#1 did not assure that a substitute caregiver was available prior to leaving the CCFFH.

41.(b)(7) TB clearance for CG # 1 due 12/12/20

41.(b)(8) CG#1 CPR/1st aid and BBP is lapsed

41.(c) CG # 1 has only 4 hours training documented for 2020

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	
43.(c)(4)	Include the provision of personal care, homemaker, and respite services as appropriate;	
43.(c)(5)	Include the caregiver observing the following provisions of care:	

Comment:

43.(c)(3) Service plan for client # 1 f [REDACTED] states for check every [REDACTED]. When SCG arrived to assume [REDACTED] was performed since clients had been with unapproved CG for approximately 2-3 hours. Client # 1 had [REDACTED] on inspection (resolved 2 hours later after pillow [REDACTED])

43(c)(4) Client #1 and # 2 received personal care and homemaker services from a HHM who was alone with the clients in the CCFFH.

43.(c)(3)No RN delegation or CMA skills check list present for
Client # 1 delegations not signed by CG 1,4,5 or
Client # 2 caregiver #1,2 4

43.(c)(5) Client # 1 and client # 2 There is no progress notes by caregivers since 8/2020

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) no documented fire drill since 11/2020. CG #2 was unaware how to test the smoke detectors when asked although listed as leading a fire drill on 9/2020

50 (e) The CCFFH lacks a communication method to the CCFFH for quick access into the CCFFH. CTA knocked on doors and windows for 10 minutes before somebody opened the door.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47 (d)(1) - Unable to locate physicians order for [REDACTED] client #1

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by caregivers # 2, 4 or 5

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to to 9-5. Per "My choice my way" visiting hours cannot be restricted.

Client #1 [REDACTED] bedroom is being shared by another house memb [REDACTED] for sleeping quarters.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client # 1 or 2 was not updated since last service plan 7/10/2020

Client # 1 service plan is not signed by client or POA

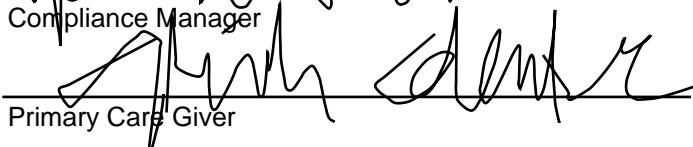
Client # 2 has a [REDACTED] not mentioned in service plan or educational printout / delegation

54.(c)(5) Client # 1 no MAR since Aug 2020 unable to perform medication reconciliation. No routine medications noted on MD orders

Client # 2 there is no Jan or Feb. MAR in the client records

Client # 2 is missing 2 ordered medications they are not present in the home. One is a [REDACTED]
[REDACTED] th the last MD order states [REDACTED]


Compliance Manager


Primary Care Giver

2/9/21
Date

2/9/21
Date